

CLAIMS COLLECTION LITIGATION REPORT (CCLR)

1. Agency Claim No. _____

2. Date _____

THE CLAIM AT A GLANCE

3. To: (Use Complete Address)

4. From: (Use Complete Address)–Agency/Sub-Agency

5. Debtor's Name &Address:*

* (If a FORECLOSURE, Insert address of property here so claim will be referred to USAO where property is located.)

6. Debtor's SSN / EIN:

7. Default Date:

8. SOL Expiration Date

9. Basis for SOL Expiration Date:

10. Referred for:
 Enforced Collection
 Judgment Lien Only
 Renew Judgment Lien Only
 Renew Judgment Lien &
 Enforce Collection
 Program Enforcement
 Foreclosure Only
 Foreclosure & Deficiency Judgment
 File Proof of Claim Only
 Comments -
 Other - real property lien

DOJ Concurrence for:
 Compromise (4 CFR 103)

Suspension (4 CFR 104)
 Termination (4 CFR 105)

11. Amount of Claim:
 a. Total Principal Due _____
 Total Interest Due _____
 Interest Through Date _____
 c. Total Administrative
 Charges Due _____
 d. Total Penalty
 Charges Due _____
 e. *Total Amount
 of Claim* _____

12. Annual Rate
 of Interest _____

13. Compromise Amount _____
 or % _____

10a. DEBTOR IN BANKRUPTCY:
 Chapter: 7 11 12 13 Unknown

14. Basis of Claim:

Claim evidenced by note, guaranty, or surety obligation:
 OR

Claim not evidenced by note but by the following statute
 or regulation;

15. Agency Contact:

Name:

Phone No.:
 (FTS and Commercial)

(CCLR)

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THE INDIVIDUAL DEBTOR

16. Debtor's Full Name:

17. A.K.A.:

18. Date of Birth:

19. Home Phone No. (Include Area Code):

20. Employer's Name and Address:

21. Debtor's Job Title:

22. Work Phone No. (Include Area Code):

23. Debtor's Salary: \$_____

Gross
NetWeekly
BiweeklyMonthly
Annually24. Best place for Marshal to serve process by personal delivery: (Do NOT give P.O. Box) Home Work Other (Specify):

25. Name of person who verified above data, date verified, and how verified:

THE COMPANY DEBTOR

If this claim is to collect a debt owed by an entity other than an individual person, such as a company, partnership, corporation, etc., additional information will be required. In such cases, insert the data called for in blocks 26-33 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.

26. Debtor's Full Name

27. Debtor's Address:

28. D.B.A.:

29. Phone No. (Include Area Code):

30. Type of Business:

31. Date & State of Incorporation:

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32. Name, Address & Phone Number (Include Area Code) of Service Agent:

33. Name of person who verified above company debtor data, date verified, and how verified:

CO-DEBTOR(S)/GUARANTOR(S)/CO-SIGNER(S)

34. Full Name(s):

35. SSN / EIN:

36. A.K.A.:

37. Date of Birth:

38. Home Address/Business & Phone No. (Include Area Code)

39. Employer's Name & Address:

40. Work Phone No. (Include Area Code):

43. Best place for Marshal to serve process by personal delivery: (Do NOT give P.O. Box) Home Work

Other (Specify):

41. Co-Debtor's Job Title:

42. Salary: \$ _____

Gross
NetWeekly
BiweeklyMonthly
Annually

44. Basis of Liability:

45. Name of person who verified above data on co-debtor(s)/guarantor(s)/co-signer(s), date verified, and how verified:

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FORECLOSURES

If this claim is referred for foreclosure only or foreclosure and a deficiency judgment, the following additional data will be required. In such cases, insert the date called for in blocks 46 - 50 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.

46. Debtor's Address:

47. Mortgage Recording Information:

County _____

Date of Recording _____

Volume (Liber)

Page Number (Folio)

48. Property Occupancy:

Debtor Resides on Property: Yes No

Property is Abandoned: Yes No

Property is occupied by tenant: Yes No

49. If recovery of chattels is included in the foreclosure, list the chattels here and provide more detailed information on the CCLR Supplementary Data Sheet:

50. List other Federal liens against property:

DEBTOR'S ABILITY TO PAY

51. The debtor/co-debtor owns or is buying the following real estate or other property (cars, boats, etc.):

52. Assets in which the Government has a secured interest:

53. Other Assets: (savings/checking accounts, provide bank and/or credit union name(s) and address(s) and account number(s); deceased debtor's estate, provide administrator/executor information; other sources of income):

NAME OF BANK

ACCOUNT NUMBER

ACCOUNT TYPE

(CCLR)

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AGENCY CLAIM HISTORY

54. Date of last demand for payment to debtor and summary of debtor's response:

55. Details of any compromise or settlement offers made by, or to, the debtor and any responses thereto:

56. Summary of collection actions taken by agency:

ADDITIONAL INFORMATION

57. For HHS loans: Medical or other professional association locator data:

58. Additional agency comments:

59. **AGENCY CHECK LIST:** CCLR package must contain:

In General:

| CCLR

| Certificate of Indebtedness

| Credit Report

| Payment History, if any

| Original Notes or Other Evidence of Debt,
Including Assignments, If Any

| Summary of Collection Actions Taken by Agency

Debtor in Bankruptcy:

| Proof of Claim, or Copy Thereof, Attached

For Foreclosures:

| CCLR

| Credit Report

| Original Promissory Note

| Original Real Estate Mortgage

| Original Statement of Account/Affidavit
of Amount Due

| Title Evidence, If Available

| Directions to Property If No Street Address
Available

| Chattel Lien Searches If Chattels Involved

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CCLR SUPPLEMENTARY DATA SHEET

Use this sheet to provide any additional information that might help locate those from whom the claim might be collected and any assets that might be available to satisfy a judgment in favor of the United States. Please indicate the number(s) of the block(s) on the CCLR that any additional data is intended to supplement.

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ACKNOWLEDGMENT FORM

-----**(FOLD HERE)**-----

DOJ/USAO ACKNOWLEDGMENT TO AGENCY

60. Debtor's Full Name: _____

61. Agency Claim No.: _____

62. DOJ/USAO Number: _____

63. Received at DOJ/USAO on: _____

64. Received at DOJ/USAO by: _____
(Print Name)

65. Questions?

Contact: _____
(Print Name & Phone Number (Include Area Code) of DOJ/USAO Contact)

-----**(FOLD HERE)**-----

66. DOJ/USAO Return Address:

67. Agency Address